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APPLICANTS

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** CONTINUING DATA ***** *No No DS*** FOREIGN APPLICATIONS ***** *No No DS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/14/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>DS</i>				
Verified and Acknowledged <i>DS</i> Examiner's Signature <i>Y</i> Initials				

ADDRESS

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TITLE

Efficient high density voice processor

FILING FEE RECEIVED 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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